

---

## USE THIS FORM IF YOU ARE TRYING TO...

### VISION INSURANCE FORMS:

<u>If You Are Trying To:</u>	<u>Use This Form</u>
------------------------------	----------------------

#### **Enrollments & Waivers**

Enroll a new employee	<a href="#">Voluntary Vision Enrollment/Change Form</a>
Waiver participation	<a href="#">Voluntary Vision Enrollment/Change Form</a>

#### **Changes/Additions**

Report a name, marital, or address change	Notice of Change SFN <a href="#">10766</a> and <a href="#">Voluntary Vision Enrollment/Change Form</a>
Report dependent loss of eligibility status	Notice of Status or Employment Change SFN <a href="#">53611</a> and <a href="#">Voluntary Vision Enrollment/Change Form</a>
Report an employee transferring to another PERS participating agency	Notice of Transfer Kit SFN <a href="#">53728</a>

#### **Separation of Employment**

Notify PERS of an employee's separation of employment	Notice of Status or Employment Change SFN <a href="#">53611</a> and provide the appropriate separation of employment kit.
Notify PERS of an employee's Death and/or provide benefits for a surviving spouse	Contact NDPERS office
Initiate a long term disability benefit for a terminating employee's	Disability Retirement Kit SFN <a href="#">53726</a>

#### **Retiree Group Insurance**

Provide vision coverage for a retiring employee	Retirement Kit SFN <a href="#">53723</a>
Provide vision coverage for a long-term disability employee	Disability Retirement Kit SFN <a href="#">53726</a>
Provide vision coverage for a surviving spouse and dependents of a deceased employee	Contact NDPERS office

---

## VOLUNTARY VISION ENROLLMENT/CHANGE FORM

**THE VOLUNTARY VISION PROGRAM IS AVAILABLE ONLY TO EMPLOYEES OF STATE AGENCIES AND THE UNIVERSITY SYSTEM.** The Voluntary Vision Enrollment/Change Form is used to enroll employees in the voluntary vision plan or to make changes to existing coverage or records. The vision program runs on a calendar year.

### **ELIGIBILITY**

To be eligible, an employee must be:

- ✓ at least 18 years of age
- ✓ work at least 20 hours per week for 20 or more weeks per calendar year,
- ✓ and be filling positions which are regularly funded and not of limited duration (i.e. permanent).

An eligible dependent includes:

- ✓ the subscriber's spouse under a legally existing marriage between persons of the opposite sex,
- ✓ children up to the age of 23 if they are unmarried and financially dependent on their parents for support,
- ✓ or are age 23 but less than age 26 and the child is attending college full-time (12 credits per semester) and is 50% financially dependent.
- ✓ **A CHILD CANNOT BE AN ELIGIBLE DEPENDENT OF MORE THAN ONE EMPLOYEE. A DEPENDENT OF AN EMPLOYEE WILL NOT BE ELIGIBLE IF THAT DEPENDENT IS ALSO AN EMPLOYEE.**

### **ENROLLMENT**

New employees have an initial 31-day enrollment period from date of employment in which to apply for coverage. If application is not made within the first 31 days of employment, the employee may enroll during a designated annual enrollment season.

A new employee and their eligible dependent(s) who do not enroll for the Voluntary Vision Plan when first eligible (date of hire) will be subject to the "Late Entrant" provision.

If an employee qualifies under a "life change event" such as losing coverage under a spouse due to death, divorce, or loss of spouse employer sponsored coverage, the employee can make application to obtain coverage within 31 days of loss of coverage. Note: the employee can only enroll themselves and dependents for coverage if the employee

## **VOLUNTARY VISION ENROLLMENT/CHANGE FORM continued**

and/or their dependents lost coverage due to the life change event.

### **SPECIAL ENROLLMENT PERIODS**

The Health Insurance Portability and Accountability Act (HIPAA) is intended to ensure portability of vision coverage for those individuals who must move from one plan to another as a result of loss of coverage under any other vision insurance plan. The act also specifies that plans allow special enrollment opportunities for employees and prohibits using health status (medical underwriting) as a basis for group vision insurance eligibility. The special enrollment periods allow an individual to enroll in the plan without any restrictions and are defined as follows:

- Within 31 days of date of hire.
- Add a spouse within 31 days of marriage. An employee who previously waived coverage is eligible to enroll in the plan at the same time that the employee's spouse is enrolled.
- Add a dependent within 31 days of birth or adoption, or placement for adoption or receiving legal guardianship, or court order to provide vision coverage. An employee and other dependents that previously waived coverage are also eligible to enroll in the plan at the same time that the employee's dependent is enrolled.
- Within 31 days of loss of coverage under any other vision insurance plan.

The following enrollment criteria will apply to individuals who enroll outside the special enrollment periods (late enrollees):

- Late enrollees may enroll during the Annual Enrollment Season and coverage will be effective January 1.
- Late entrant provision will apply.

### **I.D. CARDS AND CERTIFICATE (PLAN BOOKLET) DISTRIBUTION**

A supply of generic ID cards and certificate booklets will be kept in each Payroll Office that offers the Ameritas Vision Insurance Plan to its eligible employees. When an employee turns in their completed Enrollment form, they will need to be provided with the ID card(s) and plan booklet. Additional cards can be ordered from NDPERS. Booklets can be viewed and/or printed from the NDPERS website. If the employer does not have the printing capability they may contact the NDPERS office.

The ID card should be presented to the provider when the insured person receives vision services. The certificate booklet describes the benefits provided under the plan and is the employee's written record of plan benefits.

## **VOLUNTARY VISION ENROLLMENT/CHANGE FORM continued**

### **WAIVER OF VISION COVERAGE**

An employee must complete an application within 31 days of employment indicating they have waived coverage for themselves, or any of their eligible dependents. The employer must retain the waiver form in the employee's personnel file. DO NOT FORWARD WAIVERS TO NDPERS OR THE PROVIDER – THEY ARE FOR YOUR RECORDS ONLY.

### **CHANGES/ADDITIONS**

- **Add Dependents:** An employee must complete a new application within 31 days of marriage, or the birth/adoption of a child. If application is not made within 31 days, dependents may be added during a designated annual enrollment season.
- **Delete Dependents:** An employee must complete and file an application with Ameritas within 15 days prior to the 1<sup>st</sup> of the month in which the change in coverage is to take place. Dependents must be removed due to divorce, death, or dependent child no longer eligible. (See COBRA on Page 4).
- **Cancellation of Coverage:** An employee must complete and file an application with Ameritas 15 days prior to the 1<sup>st</sup> of the month in which the coverage is to be cancelled. Note: if the employee is having the vision insurance premium pre-taxed through payroll, the employee is not allowed to cancel their coverage until the end of the plan year.
- **Change of Address:** An employee must complete and file an application with Ameritas indicating a change of address.

### **OTHER CONDITIONS UNDER WHICH VISION COVERAGE MAY BE CONTINUED**

#### **• Family and Medical Leave Act (FMLA)**

The FMLA applies to all public agencies, including State, local and federal employers, and local education agencies (schools). This law requires the public agencies to provide a total of 12 weeks of unpaid, job-protected leave during a 12-month period. If you are an agency of North Dakota State government, the State's policy is for 16 weeks of unpaid, job-protected leave during a 12-month period. Eligible employees include those who have been employed for one year and have worked an average of 20 hours a week at least five months in the calendar year. During an unpaid leave under the FMLA, an employee may continue vision insurance coverage at his/her own expense.

Payroll is required to submit a notice to NDPERS, which indicates the beginning and ending dates of the leave. You must continue to collect the employee's monthly premium and submit it with the monthly billing for employee's who elect to continue their coverage.

If an employee chooses not to continue the vision insurance during an unpaid leave, upon their return to active, eligible employment, they will be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits.

• **Leave of Absence**

An employee may continue vision insurance coverage at his or her own expense. You are responsible for collecting the premium from the employee and submitting it with your monthly billing. The same procedures apply as outlined under the FMLA section. If an employee elects not to continue vision coverage during the leave, they will be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits.

**FILING PROCEDURE**

The original must be mailed or faxed directly to **Ameritas** at:

AMERITAS  
P O BOX 81889  
LINCOLN NE 68501  
FAX: 402-467-7338

Please retain the original application form in your file.

---

## **NOTICE OF CHANGE**

**SFN 10766**

This form is to be completed to notify NDPERS of:

- Name change
- Address change
- Marital Status change
- Change in Dependent status
- FlexComp Election change

Whenever the Notice of Change SFN 10766 is completed and sent to NDPERS, the authorized agent must certify the accuracy of the information of the member and the form must be dated. If someone other than the authorized agent or member signs the form, it will be returned for the proper signature.

### **EMPLOYEE RESPONSIBILITIES – NAME CHANGE, ADDRESS CHANGE, OR MARITAL STATUS CHANGE:**

1. Complete a marital status change whether there is a name change or not.
2. In cases of marital status change, it is necessary that the member complete a new Designation of Beneficiary (SFN 2560) for the NDPERS defined contribution retirement plan and a Life Insurance Designation of Beneficiary Change (SFN 53855) for the NDPERS group life insurance plan.
3. The authorized agent or the member must sign Part G of the Notice of Change (SFN 10766) to be valid.
4. See the Flex Comp Plan and the Group Insurance Sections for further details.

### **EMPLOYEE RESPONSIBILITIES - DEPENDENT'S LOSS OF ELIGIBILITY STATUS:**

Spouses or dependents may lose status for coverage due to the following occurrences:

1. Divorce or legal separation.
2. Death.
3. Dependent ceases to be a "dependent child" as defined.

If any of the above occurs, the employee is responsible for the following:

- A. Must contact their payroll office within 30 days of the occurrence resulting in dependent's loss of coverage.
- B. Must complete a Voluntary Vision/Enrollment Change Form in order to remove the spouse or dependents from coverage.
- C. Ineligible dependent must obtain and complete a Dependent Continuation of Group Vision Coverage (COBRA) SFN 53885 within 60 days of ineligibility to obtain COBRA coverage.

For spouses and/or dependents that lose eligibility status for coverage, refer to the Voluntary Vision Plan Description for details regarding their rights for continuation of coverage.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

---

## NOTICE OF TRANSFER

**SFN 53706**

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit **SFN 53728**.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter **71-02-01-01(24)**: "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS (see list on pages 14-29 in the Miscellaneous Section).

1. If enrolled in the dental, vision or long term care plans, no change in level of insurance coverage is allowed.
2. Employees cannot change their level of vision coverage.
3. If enrolled in the flexcomp plan, no change in deduction is allowed unless there is an IRS Qualified Change of Status as a result of the transfer.

If employee transfers employment from one participating employer to another participating employer without terminating eligible employment, and in recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment.



**NOTICE OF TRANSFER (SFN 53706) continued**

**Situation:** Current employer knows the employee is transferring to another covered employer:

1. Complete the Notice of Transfer Kit, which contains form SFN 53706
2. Send SFN 53706 to the new employer

**Situation:** Current employer has no knowledge that terminating employee is transferring to another covered employer:

1. Current employer and employee complete the appropriate separation of employment kit
2. Send the complete kit to PERS
3. PERS will process accordingly in absence of any other information.

**Situation:** New employer receives a Notice of Transfer SFN 53706 from a participating employer.

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of SFN 53706
2. Set up employee with benefits according to information provided in Part C of SFN 53706
3. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
4. Submit any new enrollment forms to PERS

**Situation:** New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.

1. Have new employee complete all required enrollment forms
2. Send the enrollment forms to PERS
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, PERS will notify you that employee is a transfer from another participating employer and will:
  - a. Void the enrollment forms for any programs that employee previously participated in.
  - b. Complete Parts A-D of the Notice of Transfer form and send it to new employer.
  - c. Employer will set up benefit record according to information provided in Part C of transfer form

**NOTICE OF TRANSFER (SFN 53706) continued**

d. Employer must complete Parts E and F on the form and return it to PERS

Situation: New employer is aware a new employee is a transfer but previous employer treated as a separation of employment and did not complete a Notice of Transfer SFN 53706.

1. Complete Parts A, E, and F of the Notice of Transfer SFN 53706
  2. Send SFN 53706 to PERS
  3. If hire date is within 31 days of separation from previous employer, PERS will complete Part C based on existing record and return the form to the new employer
  4. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
  5. Employer will set up the benefit record accordingly
4. See the FlexComp Plan and the Group Insurance Sections for further details.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

Whenever the Notice of Change SFN 10766 is completed and sent to NDPERS, the authorized agent must certify the accuracy of the information on the member and the form must be dated. If someone other than the authorized agent or member signs the form, it will be returned for the proper signature.

**EMPLOYEE RESPONSIBILITIES – NAME CHANGE, ADDRESS CHANGE, OR MARITAL STATUS CHANGE:**

1. Complete a marital status change whether there is a name change or not.
2. In cases of marital status change, it is necessary that the member complete a new Designation of Beneficiary (SFN 2560) for the NDPERS defined contribution retirement plan and a Life Insurance Designation of Beneficiary Change (SFN 53855) for the NDPERS group life insurance plan.
3. The authorized agent or the member must sign Part G of the Notice of Change (SFN 10766) to be valid.
4. See the Flex Comp Plan and the Group Insurance Sections for further details.

**EMPLOYEE RESPONSIBILITIES - DEPENDENT'S LOSS OF ELIGIBILITY STATUS:**

Spouses or dependents may lose status for coverage due to the following occurrences:

1. Divorce or legal separation.
2. Death.
3. Dependent ceases to be a "dependent child" as defined.

**NOTICE OF CHANGE (SFN 10766) continued**

If any of the above occurs, the employee is responsible for the following:

- A. Must contact their payroll office within 30 days of the occurrence resulting in dependent's loss of coverage.
- B. Must complete a Voluntary Vision/Enrollment Change Form in order to remove the spouse or dependents from coverage.
- C. Ineligible dependent must obtain and complete a Dependent Continuation of Group Vision Coverage (COBRA) SFN 53885 within 60 days of ineligibility to obtain COBRA coverage.

For spouses and/or dependents that lose eligibility status for coverage, refer to the Voluntary Vision Plan Description for details regarding their rights for continuation of coverage.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

---

## NOTICE OF TRANSFER

**SFN 53706**

All instructions, terms and conditions are in the NDPERS Notice of Transfer Kit **SFN 53728**.

If the employee will not begin employment with a new participating agency within 31 days from the date of employee's last regular paycheck with your agency, both the employee and the authorized agent must complete a separation of employment kit.

Administrative Code Chapter **71-02-01-01(24)**: "Termination of employment" means a severance of employment by not being on the payroll of a covered employer for a minimum of one month. Approved leave of absence does not constitute termination of employment.

Often employees will terminate their position with an employer participating in NDPERS and take a job with another employer who is also participating in NDPERS (see list on pages 14-29 in the Miscellaneous Section).

1. If enrolled in the dental, vision or long term care plans, no change in level of insurance coverage is allowed.
2. Employees cannot change their level of vision coverage.
3. If enrolled in the flexcomp plan, no change in deduction is allowed unless there is an IRS Qualified Change of Status as a result of the transfer.

If employee transfers employment from one participating employer to another participating employer without terminating eligible employment, and in recognition of the fact that the current employer may not be aware of the circumstances regarding a departing employee's employment plans and subsequently a new employer will not receive any transfer information, NDPERS has developed a series of scenarios along with the required administrative procedures to follow depending on the particular situation. These procedures are designed to ensure transfers are processed consistently based on "what the employer knows at the time of separation of employment.

**NOTICE OF TRANSFER (SFN 53706) continued**

**Situation:** Current employer knows the employee is transferring to another covered employer:

1. Complete the Notice of Transfer Kit, which contains form SFN 53706
2. Send SFN 53706 to the new employer

**Situation:** Current employer has no knowledge that terminating employee is transferring to another covered employer:

1. Current employer and employee complete the appropriate separation of employment kit
2. Send the complete kit to PERS
3. PERS will process accordingly in absence of any other information.

**Situation:** New employer receives a Notice of Transfer SFN 53706 from a participating employer.

1. Do not have transferring employee complete new enrollment forms for plans indicated in Part C of SFN 53706
2. Set up employee with benefits according to information provided in Part C of SFN 53706
3. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
4. Submit any new enrollment forms to PERS

**Situation:** New employer is not aware a new employee is a transfer from another participating employer. Previous employer processed as a separation of employment and employee does not provide the information.

1. Have new employee complete all required enrollment forms
2. Send the enrollment forms to PERS
3. If there is an existing record, and the hire date is within 31 days of separation from previous employer, PERS will notify you that employee is a transfer from another participating employer and will:
  - a. Void the enrollment forms for any programs that employee previously participated in.
  - b. Complete Parts A-D of the Notice of Transfer form and send it to new employer.
  - c. Employer will set up benefit record according to information provided in Part C of transfer form

**NOTICE OF TRANSFER (SFN 53706) continued**

d. Employer must complete Parts E and F on the form and return it to PERS

Situation: New employer is aware a new employee is a transfer but previous employer treated as a separation of employment and did not complete a Notice of Transfer SFN 53706.

1. Complete Parts A, E, and F of the Notice of Transfer SFN 53706
  2. Send SFN 53706 to PERS
  3. If hire date is within 31 days of separation from previous employer, PERS will complete Part C based on existing record and return the form to the new employer
  4. Have employee complete enrollment forms for programs not previously enrolled in through previous employer
  5. Employer will set up the benefit record accordingly
4. See the FlexComp Plan and the Group Insurance Sections for further details.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

---

## **NOTICE OF STATUS OR EMPLOYMENT CHANGE**

**SFN 53611**

This form is to be completed to notify NDPERS of:

- Employee leave of absence/leave without pay
- Extending leave of absence/leave without pay
- Employee's return from leave of absence
- Employee classification change within agency
- Employee's reduction in hours
- Employee's separation from employment

This form is to be completed by the employer when the employee has a change in employment status. <u>(Instructions and conditions are also listed on the other side of this form).</u>
--

### **PART B: CHANGE OF STATUS**

#### **LEAVE OF ABSENCE**

1. NDPERS must be notified whenever an employee is taking a leave without pay and the reason for the leave.
2. A leave of absence cannot exceed one year without being recertified. If an employee is taking an unpaid leave in excess of two years, the employee should be terminated.
3. NDPERS must be notified of a return from leave prior to the employer enrolling the employee in the dental plan. If an employee elects not to continue dental coverage during the leave, they will be required to complete the Re-enrollment Restriction Period set forth in the Schedule of Benefits.

#### **CLASSIFICATION CHANGE**

1. Often employees will change their position within the employer group. This may affect their eligibility for benefits, as well as, how the employee is reported to NDPERS.

#### **REDUCTION IN HOURS**

1. If notifying PERS of an employee's change from permanent to temporary service, this form must be accompanied by SFN 17627. See Page 6.



**NOTICE OF STATUS OR EMPLOYMENT CHANGE (SFN53611) continued**

**PART C: SEPARATION OF EMPLOYMENT**

1. If an employee is leaving the employer's service due to Termination (pre-retirement), Retirement, Long-Term Disability, or Death, this form is in one (1) of 6 PERS separation of employment kits. The employer must complete a Notice of Status or Employment Change (SFN 53611). The PERS separation of employment kit includes all necessary forms the employer and employee are required to complete.

The employer or employee may obtain the following Kits:

- Refund/Rollover **SFN 53725**
- Deferred Retirement **SFN 53724**
- Disability Retirement Kit **SFN 53726**
- Retirement Kit **SFN 53723**

2. The "membership termination date" is the last date the employee worked at your agency in an eligible position.
3. The "last month insurance premium(s) will be paid by your agency/or this employee" is the date of the employee's final coverage under the insurance plan.

NDPERS would like to remind employer's that participate in the group health plan of the Administrative Rules pertaining to final payment of the health insurance premium for terminating employees. Administrative Code section **71-03-04-01** pertaining to state agencies and section **71-03-07-01** pertaining to political subdivisions clarify that an employee's coverage must end the month following the month after termination of employment. This means the employer must remit premium payment for insurance coverage for the month following the month of termination in order to comply with this requirement. In addition, when an employee transfers from one participating employer to another, the new employer is responsible for submitting the premium for the first of the month following the month of employment."

**PART D: PLAN INFORMATION**

1. The employer must always complete this section.

**PART E: AUTHORIZATION OF AUTHORIZED AGENT**

1. The employer's authorized agent must always sign this section for the form to be valid.

**FILING PROCEDURE:** Original to NDPERS – Please retain a photocopy for your records.

---

## CONTINUATION OF GROUP VISION COVERAGE (COBRA)

SFN 53536

<b>This form is to be completed to either continue or discontinue vision insurance coverage by employees separating employment</b>
--

---

### **FEDERAL COBRA LAW**

The Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA) requires that most employers provide employees and their dependents that lose their eligibility to participate in the Group Vision Plan an opportunity for a temporary extension (called “continuation coverage”) to continue comparable coverage at their own expense at group rates.

1. **PERSONS AFFECTED:** The right to COBRA continuation coverage applies to all employees and must be offered to:
  - A. Employees who terminate either voluntarily or involuntarily. Termination as a result of gross misconduct is accepted;
  - B. An employees divorced or widowed spouse;
  - C. Spouses and dependent(s) losing coverage due to a terminated employee's eligibility for Medicare;
  - D. Dependents who reach the maximum age, marry, leave home, or if age 23 to 26, no longer attend school full-time or are not financially dependent.

Employees no longer eligible for participation in the Group Vision Plan may be eligible for COBRA coverage for a period of up to 18 months. Dependents (including spouses) no longer eligible for participation in the Group Vision Plan may be eligible for COBRA coverage for a period of up to 36 months.

2. **COVERAGE WILL NOT BE PROVIDED IF:**
  - A. The individual enrolls in another Group Vision Plan or they (or any dependent) become eligible for Medicare while on COBRA continuation.

**CONTINUATION OF VISION INSURANCE COVERAGE (SFN 53536) continued**

- B. The premium is not paid in a timely manner;
- C. The employer ceases to provide the Group Vision Plan to any employees;
- D. The (ex) spouse enrolls in another Group Vision Plan (including a new spouse's Group Health Plan if they re-marry);
- E. The dependent enrolls in another Group Vision Plan (excluding CHAMPUS).

3. **EMPLOYER (AGENCY) RESPONSIBILITIES- SEPARATION OF EMPLOYMENT**

An employee leaving employment due to termination (non-retirement), retirement, long-term disability, or death must be provided a separation of employment kit. The employer must complete a Notice of Change form and provide the appropriate kit to the employee for completion. The kit includes all necessary forms the employer and employee are required to complete. Separation of employment kits include:

- Refund/Rollover SFN [53725](#)
- Deferred Retirement SFN [53724](#)
- Disability Retirement Kit SFN [53726](#)
- Retirement Kit SFN [53723](#)

**FILING PROCEDURE**

The original must be mailed directly to **NDPERS**. Please retain a copy of the application in your file.

---

## **GROUP VISION PLAN MONTHLY RECONCILING PROCEDURES**

### **Central Payroll Agencies**

The group vision plan carrier is Ameritas.

- **Monthly Exception Report**

Ameritas will provide an electronic eligibility file to NDPERS on the sixth working day of each month. The file is run against the Central Payroll system and an exception report is generated by agency for any discrepancies. NDPERS sends out the exception reports to the agencies by the 10<sup>th</sup> of each month. If there are no exceptions for your department, you will not receive an exception report. The report contains the following information:

- Employee's name
  - Division/department number
  - Social Security number
  - Payroll deduction amount
  - Amount billed by the Carrier
- 
- If an error was made in deducting a premium and it can be corrected by adjusting the payroll deduction for the following month, please note this on the exception report.
  - If there are employees on the exception report who did not have premiums deducted from their paycheck because they were on a leave of absence or family medical leave without pay, payroll must collect a personal check from the employee, payable to NDPERS, to include with the exception report.
  - If a deduction was made for an employee in error that can not be corrected through a future payroll deduction, payroll must notify NDPERS in writing if a refund of premium is required and the amount of the refund. NDPERS will request the refund from Ameritas and issue a refund directly to the employee.

Each agency reconciles the exception report against its records and returns the report to NDPERS by the 15<sup>th</sup> day of the month, along with any personal checks or premium refund requests. NDPERS will remit all premium payments to Ameritas.

- **Changes in Coverage**

Payroll must communicate changes in coverage by having a Vision Insurance Enrollment/Change Form completed. The forms must be used for the following:

- Change of Address
- Change of Name
- Addition/Deletion of Dependents
- New Hire
- Termination

The completed form must be sent or faxed to Ameritas by the 24<sup>th</sup> of the month in order to be reflected on the following month's billings.

Send to: Ameritas

PO Box 81889

Lincoln, NE 81889

FAX: 402-465-6133

### **Non-Central Payroll Agencies**

- **Monthly Eligibility Report**

Ameritas will provide an electronic eligibility file on the sixth working day of each month. The file will contain the following information

- Employee's name
- Social Security number
- Premium amount
- Level of vision coverage

Payroll/personnel will reconcile the premiums withheld from the employee's paycheck to Ameritas' eligibility file. Ameritas can not accept personal checks from employees, so if there are employees on the billing who did not have a premium deducted from their paycheck because they were on a leave of absence or family

medical leave without pay, payroll must include these premiums in their remittance to the carrier and collect the premiums from the employee.

After the eligibility report is reconciled, send the Ameritas premium statement, with the premium remittance, to Ameritas, prior to the 25th of each month. The premium remittance must equal the amount of premium due from the eligibility file, plus/minus any adjustments for additions or changes to coverage that were not reflected on the eligibility file.

The University System will follow the steps above, however, all premium payments will be made to NDPERS.

#### • **Changes In Coverage**

Payroll must communicate changes in coverage by having a Vision Insurance Enrollment/Change Form completed. The forms must be used for the following:

- Change of Address
- Change of Name
- Addition/Deletion of Dependents
- New Hire
- Termination

The completed form must be sent or faxed to Billings Administrator by the 24<sup>th</sup> of the month in order to be reflected on the following month's billing.

Send to: Ameritas

PO Box 81889

Lincoln, NE 81889

FAX: 402-465-6133